

DOCKET NO.

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which is attached hereto unless the following is checked:

☐ was filed on _____, as Application No. _____, Confirmation No. _____, bearing attorney docket No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§119(a)-(d) or (f) and/or 35 U.S.C. §365(a) or (b) of any foreign application(s) for patent, PCT international application(s) designating at least one country other than the United States, inventor's certificate, or application(s) for plant breeder's rights listed below, and have also identified below any foreign application for patent, PCT international application, inventor's certificate and applications for plant breeder's rights having a filing date before that of the application on which priority is claimed:

Priority Claimed		Certified Copy Attached?	
YES	NO	YES	NO


0227461.1
(Number)

GB
(Country-if PCT, so indicate)

25/11/2002
(DD/MM/YY Filed)

☒ ☐ ☐ ☐

The undersigned hereby appoints the Practitioners at Wolf, Greenfield & Sacks, P.C. as defined by:

<input checked="" type="checkbox"/> <i>Customer Number:</i>	 23628
AND	
<input checked="" type="checkbox"/> <i>Practitioner(s) named below:</i>	
Name	Registration Number
William McClellan	

to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, and/or re-exam applications, and to conduct all business in the Patent and Trademark Office connected therewith.

☒ *Direct all correspondence to the above-mentioned customer number*

OR

☐ *Correspondence address below:*

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	

Address all telephone calls to William McClellan at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

C. J. Adams

30.10.03

Inventor's signature

Date

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